

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106146

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

10

19

2006

through

11

27

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

12

07

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	9	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	7	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		941820.56
(b) Cash on Hand at Beginning of Reporting Period .....	938762.88	
(c) Total Receipts (from Line 19) .....	233786.23	1403010.44
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1172549.11	2344831.00
7. Total Disbursements (from Line 31) .....	373383.07	1545664.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	799166.04	799166.04
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M M  
1 0D D  
1 9Y Y Y Y  
2 0 0 6

To:

M M  
1 1D D  
2 7Y Y Y Y  
2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	98639.85	556061.60
(i) Itemized (use Schedule A) .....	45197.61	316195.35
(ii) Unitemized .....	143837.46	872256.95
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	143837.46	872256.95
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	6666.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	143837.46	878922.95
12. Transfers From Affiliated/Other Party Committees .....	60570.00	490138.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	29000.00	29000.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	378.77	3449.49
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	233786.23	1403010.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	233786.23	1403010.44

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	29488.82	49832.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	29488.82	49832.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	111000.00	1226897.82
24. Independent Expenditure (use Schedule E) .....	232394.25	267394.29
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	500.00	1540.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	500.00	1540.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	373383.07	1545664.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	373383.07	1545664.96

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	143837.46	878922.95
34. Total Contribution Refunds (from Line 28(d)) .....	500.00	1540.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	143337.46	877382.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	29488.82	49832.85
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	29000.00	29000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	488.82	20832.85

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 149

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City State Zip Code  
Rensselaer NY 12144
FEC ID number of contributing  
federal political committee.**C** C00160259

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13324091

Amount of Each Receipt this Period

10000.00

**B.** Full Name (Last, First, Middle Initial)  
New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City State Zip Code  
Rensselaer NY 12144
FEC ID number of contributing  
federal political committee.**C** C00160259

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 6

Transaction ID: 13395090

Amount of Each Receipt this Period

15000.00

**C.** Full Name (Last, First, Middle Initial)  
Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive

City State Zip Code  
Madison WI 53725-9038
FEC ID number of contributing  
federal political committee.**C** C00359455

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7418.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 6

Transaction ID: 13395091

Amount of Each Receipt this Period

560.00

SUBTOTAL of Receipts This Page (optional) .....

25560.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 149

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City State Zip Code  
 Austin TX 78761-5587

FEC ID number of contributing  
federal political committee. **C** C00301325

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

86530.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 7 / 2 0 0 6

Transaction ID: 13403439

Amount of Each Receipt this Period

14730.00

Full Name (Last, First, Middle Initial)

**B.** California Healthcare Association PAC - Federal

Mailing Address 1215 K Street  
 Suite 800

City State Zip Code  
 Sacramento CA 95814

FEC ID number of contributing  
federal political committee. **C** C00237495

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 0 / 2 0 0 6

Transaction ID: 13405884

Amount of Each Receipt this Period

20000.00

Full Name (Last, First, Middle Initial)

**C.** Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive

City State Zip Code  
 Madison WI 53725-9038

FEC ID number of contributing  
federal political committee. **C** C00359455

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7698.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 3 / 2 0 0 6

Transaction ID: 13408991

Amount of Each Receipt this Period

280.00

**SUBTOTAL** of Receipts This Page (optional) .....

35010.00

**TOTAL** This Period (last page this line number only) .....

60570.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 8 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Katie Vaughan Mailing Address 506 A East Howell Avenue City State Zip Code Alexandria VA 22301 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Hospital Association-Washingt Occupation Associate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 430.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 <b>Transaction ID: 13334416</b> Amount of Each Receipt this Period 10.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Stephen J Campbell Mailing Address P O Box 489 City State Zip Code Clayton NM 88415-0489 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Union County General Hospital Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 <b>Transaction ID: 13360865</b> Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. James H Hinton Mailing Address P O Box 26666 City State Zip Code Albuquerque NM 87125-6666 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Presbyterian Healthcare Services Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 <b>Transaction ID: 13360871</b> Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) .....

760.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Mark W Reifsteck Mailing Address P O Box 26666 City State Zip Code Albuquerque NM 87125-6666 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Presbyterian Healthcare Services Occupation Senior Vice President and Chief Operat Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 <b>Transaction ID: 13360872</b> Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Stephen W McKernan Mailing Address 2211 Lomas Boulevard NE City State Zip Code Albuquerque NM 87106-2745 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer University Hospital Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 <b>Transaction ID: 13360873</b> Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Paul Herzog Mailing Address 601 Martin Luther King Dr. NE City State Zip Code Albuquerque NM 87102-3670 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Lovelace Medical Center-D- own town Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 <b>Transaction ID: 13360874</b> Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thomas P. Nickels

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Sr. Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13362308

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary Ellen Wells

Mailing Address 303 Catlin Street

City State Zip Code  
Buffalo MN 55313-1947

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Buffalo Hospital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13363058

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Todd Johnson

Mailing Address P O Box 43

City State Zip Code  
Minneapolis MN 55440-0043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allina Hospitals & Clinics

Occupation  
Vice President Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13363063

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Timothy H Hanson

Mailing Address 559 Capitol Boulevard, 6-South

City State Zip Code  
 Saint Paul MN 55103-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HealthEast Care System

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13363072

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Matthew Anderson, JD

Mailing Address 2550 University Avenue W.

City State Zip Code  
 Saint Paul MN 55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Hospital Associ-  
ation

Occupation  
Vice Pres, Regulatory/Strategic Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13363076

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Gordon L Alexander, M.D.

Mailing Address 2450 Riverside Avenue

City State Zip Code  
 Minneapolis MN 55454-1512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Minnesota  
Medical Center

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13363081

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional) .....

875.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 149

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Jacquelyn Gaines

Mailing Address 10150 SE 32nd Avenue

City State Zip Code  
Milwaukie OR 97222-6516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence Milwaukie Hosp-  
italOccupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	6

Transaction ID: 13364095

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Skip Kriz

Mailing Address 2095 Lakeview Drive

City State Zip Code  
Eugene OR 97408-7207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PeaceHealthOccupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	6

Transaction ID: 13364096

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James R Barnhart

Mailing Address 400 Ninth Street

City State Zip Code  
Florence OR 97439-7398

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Peace Harbor HospitalOccupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	6

Transaction ID: 13364098

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Duane Francis  
Mailing Address 1700 East 19th Street

City State Zip Code  
The Dalles OR 97058-3317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mid-Columbia Medical Center

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13364101

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mel Pyne  
Mailing Address 3015 Summit Sky Blvd.

City State Zip Code  
Eugene OR 97405-6253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PeaceHealth

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13364103

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. William P Sexton  
Mailing Address 725 South Wahanna Road

City State Zip Code  
Seaside OR 97138-7735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence Seaside Hospital

Occupation  
Chief Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13364105

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. Norman F Gruber

Mailing Address P O Box 14001

City State Zip Code  
 Salem OR 97309-5014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Salem Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13364107

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)

Mr. Peter F Rapp

Mailing Address 3181 SW Sam Jackson Park Road

City State Zip Code  
 Portland OR 97201-3098

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OHSU Hospital

Occupation  
Vice President and Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13364108

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Terry O Finklein

Mailing Address 2111 Exchange Street

City State Zip Code  
 Astoria OR 97103-3329

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Columbia Memorial Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13364111

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. David Holloway, MD.  
Mailing Address 3735 Cherokee Drive South

City State Zip Code  
Salem OR 97302-9712

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Salem Hospital

Occupation  
Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13364112

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ronald M. Hollander  
Mailing Address 32 Wamesit Road

City State Zip Code  
Waban MA 02468-1422

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Massachusetts Hospital As-  
sociation

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13364131

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John Allen  
Mailing Address P O Box 1990

City State Zip Code  
Kearney NE 68848-1990

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Good Samaritan Health Sys-  
tems

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13364135

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard A. Hachten, II  
Mailing Address 2676 South 96th Circle

City State Zip Code  
Omaha NE 68124-1949

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alegent Health

Occupation  
President, Alegent Health System

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13364136

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Craig M Ames  
Mailing Address 1600 South 48th Street

City State Zip Code  
Lincoln NE 68506-1299

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BryanLGH Medical Center

Occupation  
President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13364137

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Laurie Acred-Natelson  
Mailing Address 1901 Clinch Avenue

City State Zip Code  
Knoxville TN 37916-2307

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fort Sanders Regional Medical Center

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13365589

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Dwayne Blaylock Mailing Address 1801 North Jackson Street City Tullahoma State TN Zip Code 37388-2201 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Harton Regional Medical Center Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 <b>Transaction ID: 13365590</b> Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Scott Bowman Mailing Address 304 Wright Street City Sweetwater State TN Zip Code 37874-2897 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Sweetwater Hospital Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 <b>Transaction ID: 13365591</b> Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Ruth W Brinkley Mailing Address 2525 De Sales Avenue City Chattanooga State TN Zip Code 37404-1102 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Memorial Health Care System Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 <b>Transaction ID: 13365592</b> Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Charlotte Burns Mailing Address 935 Wayne Road City Savannah State TN Zip Code 38372-1937 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Hardin Medical Center Occupation Administrator and Chief Executive Offi Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6 <b>Transaction ID: 13365593</b> Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. James Lee Decker Mailing Address 435 Second Street City Knoxville State TN Zip Code 37821-3799 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baptist Hospital of Cocke County Occupation Senior Vice President and Administrato Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6 <b>Transaction ID: 13365594</b> Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Greg Duckett Mailing Address 350 N Humphreys Boulevard City Memphis State TN Zip Code 38120-2177 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baptist Memorial Health Care Corporati Occupation Senior Vice President and Chief Legal Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6 <b>Transaction ID: 13365595</b> Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert S. Gordon

Mailing Address 7891 Cross Pike Drive

City State Zip Code  
 Germantown TN 38138-8117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Memorial Health  
Care Corporati

Occupation  
Executive Vice President & CAO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13365596

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Andrew Hall

Mailing Address 1905 Amerian Way

City State Zip Code  
 Kingsport TN 37660-5882

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellmont Health System

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13365597

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. David C Hogan

Mailing Address 350 North Humphreys Boulevard

City State Zip Code  
 Memphis TN 38120-2177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Memorial Health  
Care Corporati

Occupation  
Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13365598

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jone Koford

Mailing Address 103 Powell Court

City State Zip Code  
Brentwood TN 37027-5079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LifePoint Hospitals, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13365599

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)

Mr. Joseph Landsman

Mailing Address 1520 Cherokee Trail

City State Zip Code  
Knoxville TN 37920-2225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Tennessee  
Medical Center

Occupation  
Senior Vice President and Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13365600

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)

Mr. James L. McMackin

Mailing Address 421 South Main Street

City State Zip Code  
Crossville TN 38555-5031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cumberland Medical Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13365601

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. John D Nash

Mailing Address 332 North Lauderdale Street

City State Zip Code  
Memphis TN 38105-2794

FEC ID number of contributing federal political committee. **C**

Name of Employer  
St. Jude Children's Research Hospital

Occupation  
Executive Vice President and Chief Operating Officer

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13365602

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Stephen Curtis Reynolds

Mailing Address 350 North Humphreys Boulevard

City State Zip Code  
Memphis TN 38120-2177

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Baptist Memorial Health Care Corporation

Occupation  
President and Chief Executive Officer

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13365603

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Bruce W Steinhauer, M.D.

Mailing Address 877 Jefferson Avenue

City State Zip Code  
Memphis TN 38103-2897

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Regional Medical Center at Memphis

Occupation  
President and Chief Executive Officer

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13365604

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Ms. Deborah Strickland

Mailing Address PO Box 1558

City State Zip Code  
 Gallatin TN 37066-1558

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sumner Regional Medical  
Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13365605

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Mr. Carlyle L E Walton

Mailing Address 401 Takoma Avenue

City State Zip Code  
 Greeneville TN 37743-4647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Takoma Adventist Hospital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13365606

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Ms. Betsy B. Wood

Mailing Address 500 Interstate Boulevard, South

City State Zip Code  
 Nashville TN 37210-4634

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tennessee Hospital Associ-  
ation

Occupation  
Former Vice President, Government Affa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13365607

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Alan J Bleyer  
Mailing Address 400 Wabash Avenue

City State Zip Code  
Akron OH 44307-2433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Akron General Health System

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13366791

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Karen Bankston  
Mailing Address 3200 Burnet Avenue

City State Zip Code  
Cincinnati OH 45229-3099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Alliance of Greater Cincinnati

Occupation  
Senior VP, External Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13366792

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas S. Urban  
Mailing Address 8484 Old Shaw Way

City State Zip Code  
West Chester OH 45069-6400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Health Partners

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13366794

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. James A Kingsbury

Mailing Address 234 Goodman Street

City State Zip Code  
 Cincinnati OH 45219-2364

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University Hospital

Occupation  
Interim Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13366796

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Dr. Fred C Rothstein, , M.D.

Mailing Address 11100 Euclid Avenue

City State Zip Code  
 Cleveland OH 44106-1736

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University Hospitals of  
Cleveland

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13366797

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Mr. John E. Callender

Mailing Address 2743 Elginfield Road

City State Zip Code  
 Upper Arlington OH 43220-4247

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ohio Hospital Association

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13366803

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gregory J Walker  
Mailing Address 789 Central Avenue

City State Zip Code  
Dover NH 03820-2526

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wentworth-Douglass Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13371593

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Deanna S. Howard  
Mailing Address 5 Paine Road

City State Zip Code  
Etna NH 03750-4508

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dartmouth-Hitchcock Medical Center

Occupation  
Director, Regional Program Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13371594

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Jeanine S. Chesley  
Mailing Address 16 Beatrice Drive Gorham

City State Zip Code  
Gorham ME 04038-1802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HEALTHSOUTH Rehabilitation Hospital

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13371595

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Paula Minnehan  
Mailing Address 283 Gallopiny Hill Road

City State Zip Code  
Hopkinton NH 03229-3402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Hampshire Hospital As-  
sociation

Occupation  
Vice President, Rural Health & Reimbur

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13371596

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Scott W Howe  
Mailing Address 173 Middle Street

City State Zip Code  
Lancaster NH 03584-3508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Weeks Medical Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13371597

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Louise McCleery  
Mailing Address 245 Main Street

City State Zip Code  
Colebrook NH 03576-3002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Upper Connecticut Valley  
Hospital

Occupation  
Chief Excutive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13371598

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gary S Barber

Mailing Address 3501 Johnson Street

City State Zip Code  
Hollywood FL 33021-5421

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Memorial Healthcare System

Occupation  
General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375898

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Mr. John A Benz

Mailing Address 703 North Flamingo Road

City State Zip Code  
Pembroke Pines FL 33028-1014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Memorial Hospital West

Occupation  
Chief Strategic Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375899

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Forest Blanton

Mailing Address 3501 Johnson Street

City State Zip Code  
Hollywood FL 33021-5421

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Memorial Healthcare System

Occupation  
Interim Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375900

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Ms. Dana Ferrell

Mailing Address 807 Nira Street

City State Zip Code  
 Jacksonville FL

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Nemours Children's Clinic

Occupation  
Director of Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375901

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Ms. Martha Garcia

Mailing Address 7800 Sheridan Street

City State Zip Code  
 Pembroke Pines FL 33024-2536

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Memorial Hospital Pembroke

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375902

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Timothy J Goldfarb

Mailing Address 1600 SW Archer Road

City State Zip Code  
 Gainesville FL 32610-0326

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Shands HealthCare

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375903

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. C. Kennon Hetlage  
Mailing Address 1901 SW 172nd Avenue

City State Zip Code  
Miramar FL 33029-5592

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Memorial Hospital Miramar

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375904

Amount of Each Receipt this Period

375.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ray Kendrick  
Mailing Address 4232 Mahogany Ridge Drive

City State Zip Code  
Weston FL 33331-3826

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Memorial Hospital West

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375905

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Stanley Marks, M.D.  
Mailing Address 3501 Johnson Street

City State Zip Code  
Pembroke Pines FL 33021-5421

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Memorial Healthcare System

Occupation  
Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375906

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

875.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Matthew J Muhart

Mailing Address 3501 Johnson Street

City State Zip Code  
Hollywood FL 33021-5421

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Memorial Healthcare System

Occupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375907

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Mr. J.E. Piriz

Mailing Address 3501 Johnson Street

City State Zip Code  
Hollywood FL 33021-5421

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Memorial Regional Hospital

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375908

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Kenneth P. Resmini

Mailing Address 2445 N. 37th Avenue

City State Zip Code  
Hollywood FL 33021

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Memorial Regional Hospital

Occupation  
Director of Compliance & Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375909

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Paul M Rosenberg  
Mailing Address 1600 SW Archer Road

City State Zip Code  
Gainesville FL 32610-0326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Shands HealthCare

Occupation  
Senior Vice President and General Coun

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375910

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David L. Schlemmer  
Mailing Address 8621 NW 53rd Court

City State Zip Code  
Coral Springs FL 33067-2846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Healthcare System

Occupation  
Assistant Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375911

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Deborah Tedder  
Mailing Address 3501 Johnson Street

City State Zip Code  
Hollywood FL 33021-5421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Regional Hospital

Occupation  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375912

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Anthony C. Kraye, III

Mailing Address 340 W. Tropicla Way

City State Zip Code  
 Plantation FL 33317-3329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Regional Hospital

Occupation  
Chief Corporate Affairs Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375913

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Zeff Ross

Mailing Address 703 North Flamingo Road

City State Zip Code  
 Pembroke Pines FL 33028-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Hospital West

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375914

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Frank V Sacco, FACHE

Mailing Address 3501 Johnson Street

City State Zip Code  
 Hollywood FL 33021-5487

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Healthcare System

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375915

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Greg Zorman, M.D.  
Mailing Address 5730 Arapahoe Road

City State Zip Code  
Fort Lauderdale FL 33312-6354

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Memorial Healthcare System

Occupation  
Chief of Neurosurgery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375916

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Nina Tucker  
Mailing Address 3115 N. 36th Avenue

City State Zip Code  
Hollywood FL 33021-3062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Memorial Regional Hospital

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13375917

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James G FitzPatrick  
Mailing Address 1000 Fourth Street SW

City State Zip Code  
Mason City IA 50401-2800

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mercy Medical Center-North  
Iowa

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378403

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. John C Sheehan

Mailing Address P O Box 3026

City State Zip Code  
 Cedar Rapids IA 52406-3026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Luke's Hospital

Occupation  
Executive Vice President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378404

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Mr. Theodore E Townsend

Mailing Address P O Box 3026

City State Zip Code  
 Cedar Rapids IA 52406-3026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Luke's Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378405

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)

Mr. John E Knox

Mailing Address 350 North Grandview Avenue

City State Zip Code  
 Dubuque IA 52001-6392

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Finley Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378406

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. C. James Platt  
Mailing Address 2206 256th Avenue

City State Zip Code  
West Point IA 52656-9347

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fort Madison Community Ho-  
spital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378409

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles R Miller  
Mailing Address P O Box 250

City State Zip Code  
Sheldon IA 51201-0250

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northwest Iowa Health Cen-  
ter

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378410

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Todd C Linden  
Mailing Address 210 Fourth Avenue

City State Zip Code  
Grinnell IA 50112-1886

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Grinnell Regional Medical  
Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378411

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard A Seidler, , FACHE

Mailing Address 1825 Logan Avenue

City

Waterloo

State

IA

Zip Code

50703-1916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allen Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378423

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Clinton J Christianson

Mailing Address 1 St Joseph's Drive

City

Centerville

State

IA

Zip Code

52544-9088

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center-Cent-  
erville

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378425

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Dan Sheehan

Mailing Address 407 South White Street

City

Mount Pleasant

State

IA

Zip Code

52641-2262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Henry County Health Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378428

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Russell M Knight

Mailing Address 250 Mercy Drive

City State Zip Code  
Dubuque IA 52001-7320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center-Dubu-  
que

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378430

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Paul Dougherty

Mailing Address P O Box 3168

City State Zip Code  
Sioux City IA 51102-3168

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center-Sioux  
City

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378435

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Marilyn E. Kaptain-Dahlen

Mailing Address 801 15th Street  
Box 203

City State Zip Code  
Sioux City IA 51105-1502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center-Sioux  
City

Occupation  
Vice President, Regionalization

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378436

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 149

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Mark D Richardson

Mailing Address 1221 South Gear Avenue

City State Zip Code  
West Burlington IA 52655-1681

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Great River Medical CenterOccupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	6

Transaction ID: 13378438

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Tom Tibbitts

Mailing Address 802 Kenyon Road

City State Zip Code  
Fort Dodge IA 50501-5740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Trinity Regional Medical  
CenterOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	6

Transaction ID: 13378439

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John M Comstock

Mailing Address 300 Sioux Valley Drive

City State Zip Code  
Cherokee IA 51012-1205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cherokee Regional Medical  
CenterOccupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	6

Transaction ID: 13378440

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Joseph LeValley  
Mailing Address 1111 6th Avenue

City State Zip Code  
Des Moines IA 50314-2611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center-Des  
Moines

Occupation  
Senior Vice President Planning and Sys

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378447

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David H Vellinga  
Mailing Address 1111 6th Avenue

City State Zip Code  
Des Moines IA 50314-2611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center-Des  
Moines

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378448

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Donna M Oliver  
Mailing Address 1410 North Fourth Street

City State Zip Code  
Clinton IA 52732-2940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center-Clin-  
ton

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378449

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. Allen E Pohren

Mailing Address P O Box 498

City State Zip Code  
 Red Oak IA 51566-0498

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Montgomery County Memorial  
Hospital

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378450

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Mr. Stephen M. Cardamone, D.O.

Mailing Address 3421 West Ninth Street

City State Zip Code  
 Waterloo IA 50702-5499

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Covenant Medical Center

Occupation  
Sr. VP/ Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378451

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Richard J Frenchie

Mailing Address 13207 Ravenna Road

City State Zip Code  
 Chardon OH 44024-7032

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UHHS Geauga Regional Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378571

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Cliff Coker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 11470 Euclid Avenue Suite 32		<b>Transaction ID:</b> 13378572
City Cleveland State OH Zip Code 44106-3938	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer University Hospitals of Cleveland	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. William H Considine		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address One Perkins Square		<b>Transaction ID:</b> 13378573
City Akron State OH Zip Code 44308-1062	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Akron Children's Hospital	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. James R Pancoast		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 2222 Philadelphia Drive		<b>Transaction ID:</b> 13378574
City Dayton State OH Zip Code 45406-1813	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Good Samaritan Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. John E. Callender  
Mailing Address 2743 Elginfield Road

City State Zip Code  
Upper Arlington OH 43220-4247

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Hospital Association

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 6

Transaction ID: 13378584

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kevin E Lofton  
Mailing Address 1999 Broadway, Suite 2600

City State Zip Code  
Denver CO 80202-3025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catholic Health Initiatives

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 6

Transaction ID: 13398983

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard J Failing  
Mailing Address 1031 Seventh Street Northeast

City State Zip Code  
Devils Lake ND 58301-2719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 6

Transaction ID: 13399081

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 43 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Rita K Buurman, RN  
Mailing Address 450 Parkview Drive

City State Zip Code  
Sabetha KS 66534-0229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sabetha Community Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 13399668

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Bob S Edwards, Jr.  
Mailing Address 611 Canyon View Drive

City State Zip Code  
Lansing KS 66043-6270

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cushing Memorial Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 13399681

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Dennis L George  
Mailing Address P O Box 189

City State Zip Code  
Burlington KS 66839-0189

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Coffey County Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 13399691

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Roger S John

Mailing Address P O Box 366

City State Zip Code  
 Phillipsburg KS 67661-0366

FEC ID number of contributing federal political committee.

C

Name of Employer  
Great Plains Health Alliance, Inc.Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 13399713

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Eugene W Meyer

Mailing Address 26342 W. 110th Terr.

City State Zip Code  
 Olathe KS 66061-8413

FEC ID number of contributing federal political committee.

C

Name of Employer  
Lawrence Memorial HospitalOccupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 13399735

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Gene E Schmidt

Mailing Address 1812 E. 24th

City State Zip Code  
 Hutchinson KS 67502-1108

FEC ID number of contributing federal political committee.

C

Name of Employer  
Hutchinson Hospital CorporationOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 13399751

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. Larry P Schumacher

Mailing Address 1407 N Glancey

City State Zip Code  
 Andover KS 67002-7410

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Via Christi Health System

Occupation  
President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 13399753

Amount of Each Receipt this Period

300.00

**B.** Full Name (Last, First, Middle Initial)

Mr. Samuel H Turner, , Sr.

Mailing Address Box 2923

City State Zip Code  
 Shawnee Mission KS 66201-1323

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Shawnee Mission Medical  
Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 13399763

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Steven R. Michaud

Mailing Address 7 Ivanhoe Drive

City State Zip Code  
 Topsham ME 04086-6109

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Maine Hospital Association

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 4 / 2 0 0 6

Transaction ID: 13399995

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Dennis O'Malley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 3425 South Clarkson Street		<b>Transaction ID:</b> 13400000
City Englewood	State CO	Zip Code 80113-2899
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Craig Hospital	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Ron Branish		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 3425 South Clarkson Street		<b>Transaction ID:</b> 13400001
City Englewood	State CO	Zip Code 80113-2899
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Craig Hospital	Occupation Vice President, Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Michael A Anaya, Sr., FAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 1000 Lincoln Street		<b>Transaction ID:</b> 13400002
City Fort Morgan	State CO	Zip Code 80701-3210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Colorado Plains Medical Center	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 47 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Lucinda A Bradley

Mailing Address P O Box 1167

City State Zip Code  
 North Platte NE 69103-1167

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Great Plains Regional Med-  
ical Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 4 / 2 0 0 6

Transaction ID: 13400009

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. William L Welch, , CHE

Mailing Address 728 McDowell

City State Zip Code  
 Fairbury NE 68352-2853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jefferson Community Health  
Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 4 / 2 0 0 6

Transaction ID: 13400010

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Thomas Sommers

Mailing Address 2006 Irving Street

City State Zip Code  
 Beatrice NE 68310-2265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Beatrice Community Hospit-  
al and Health

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 4 / 2 0 0 6

Transaction ID: 13400011

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. James B Cole

Mailing Address 1701 North George Mason Drive

City State Zip Code  
Arlington VA 22205-3610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Virginia Hospital Center -  
Arlington

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 6

Transaction ID: 13400015

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mrs. Joyce Grove Hein

Mailing Address 1215 Tibbals Street

City State Zip Code  
Holdrege NE 68949-1255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Phelps Memorial Health Ce-  
nter

Occupation  
Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 6

Transaction ID: 13400073

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Gary A Perkins

Mailing Address 8200 Dodge Street

City State Zip Code  
Omaha NE 68114-4113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Children's Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 6

Transaction ID: 13400074

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. D. Michael Leibert, , FACHE

Mailing Address 450 East 23rd Street

City State Zip Code  
 Fremont NE 68025-2303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fremont Area Medical Cent-  
er

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 13400075

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Roger J Reamer

Mailing Address 300 North Columbia Avenue

City State Zip Code  
 Seward NE 68434-2228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Health Care Syst-  
ems

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 13400076

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Jeffrey A. Weinstein

Mailing Address 22 Nathan Lord Road

City State Zip Code  
 Amherst NH 03031-3004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tufts-New England Medical  
Center

Occupation  
Senior, Vice President & General Couns

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 13401139

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. John W. Polanowicz

Mailing Address 2 Abenaki Road

City State Zip Code  
 Northborough MA 01532-2433

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UMass Memorial-Marlborough  
Hospital

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 13401140

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Ms. Karen O Moore, , R.N., MS

Mailing Address 164 High Street

City State Zip Code  
 Greenfield MA 01301-2613

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Franklin Medical Center

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 13401141

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Mr. William J. Shickolovich

Mailing Address 585 Sharpners Pond Road

City State Zip Code  
 North Andover MA 01845-3335

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tufts-New England Medical  
Center

Occupation  
Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 13401142

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. John Fernandez

Mailing Address 5 Otis Street

City State Zip Code  
 Needham MA 02492-3403

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Brigham and Women's Hospi-  
tal

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 13401143

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Mr. John A. Lodico

Mailing Address 12 Davis Street

City State Zip Code  
 Belmont MA 02478-5030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Massachusetts Hospital As-  
sociation

Occupation  
Communications Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 13401145

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Terence G. Dougherty

Mailing Address 57 Dent St.

City State Zip Code  
 West Roxbury MA 02132-3205

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Caritas Christi Health Ca-  
re

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 13401146

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 149

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Michael D Skinner

Mailing Address 164 High Street

City State Zip Code  
 Greenfield MA 01301-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Franklin Medical Center

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 13401147

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Robert E. Gibbons

Mailing Address 28 State Street, 28th FL

City State Zip Code  
 Boston MA 02109-1775

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massachusetts Hospital As-  
sociation

Occupation  
Vice President, Government Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 13401148

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. Richard L. Cunningham

Mailing Address 7 LedgeWOOD Lane

City State Zip Code  
 Brighton MA 04107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Caritas Christi Health Ca-  
re

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 13401149

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 53 / 149

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Jeanette G Clough  
Mailing Address 330 Mount Auburn Street

City State Zip Code  
Cambridge MA 02138-5502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mount Auburn Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 6

Transaction ID: 13401150

Amount of Each Receipt this Period

750.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas C Porter  
Mailing Address 88 Washington Street

City State Zip Code  
Taunton MA 02780-2465

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Morton Hospital and Medic-  
al Center

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 6

Transaction ID: 13401151

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Steven F Bradley  
Mailing Address 759 Chestnut Street

City State Zip Code  
Springfield MA 01199-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baystate Health, Inc.

Occupation  
Vice President Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 6

Transaction ID: 13401152

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

2050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Timothy F. Gens		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 5 New England Executive Park		<b>Transaction ID:</b> 13401153
City Burlington	State MA	Zip Code 01803-5010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
Name of Employer Massachusetts Hospital Association	Occupation Sr. Vice President, Legal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Alan Olive		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 10101 Double R Blvd.		<b>Transaction ID:</b> 13404751
City Reno	State NV	Zip Code 89521-5931
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Washoe Medical Center	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Sophie Womack		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 6071 West Outer Drive		<b>Transaction ID:</b> 13404757
City Detroit	State MI	Zip Code 48235-2624
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sinai-Grace Hospital	Occupation Chief of Neonatology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1030.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. John J. Lynch, M.D.  
Mailing Address 3719 Winfield Lane, NW

City State Zip Code  
Washington DC 20007-2349

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Washington Hospital Center

Occupation  
Associate Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 0 6

Transaction ID: 13404763

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Steele  
Mailing Address 2142 North Cove Boulevard

City State Zip Code  
Toledo OH 43606-3896

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Toledo Hospital, The

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 0 6

Transaction ID: 13404764

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Kimberly A Smith  
Mailing Address 13 Burnham Road

City State Zip Code  
Wenham MA 01984-1908

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jewish Memorial Hospital  
and Rehabil

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 0 6

Transaction ID: 13404765

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Mr. John Stevenson

Mailing Address 250 Pond Street

City State Zip Code  
 Braintree MA 02184-5351

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HEALTHSOUTH Braintree Reh-  
abilitation H

Occupation  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 1 / 2 0 0 6

Transaction ID: 13404766

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Mr. Richard T Palmisano, II, R.N.

Mailing Address 71 Hospital Avenue

City State Zip Code  
 North Adams MA 01247-2504

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
North Adams Regional Hosp-  
ital

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 1 / 2 0 0 6

Transaction ID: 13404767

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Mr. David W. Tower

Mailing Address 240 South Main Street

City State Zip Code  
 Wolfeboro NH 03894-4455

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Huggins Hospital

Occupation  
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 1 / 2 0 0 6

Transaction ID: 13404768

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Colleen J. Goode, RN, PhD.,

Mailing Address 4200 East Ninth Avenue  
Post Office Box A-020

City State Zip Code  
Denver CO 80220-3700

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Colorado Hospital  
Occupation Vice President Patient Services & CNO

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

Transaction ID: 13404776

Amount of Each Receipt this Period

25.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Christine C Schuster

Mailing Address 133 Old Rd to Nine Acre Corner

City State Zip Code  
Concord MA 01742-9120

FEC ID number of contributing federal political committee. **C**

Name of Employer Emerson Hospital  
Occupation President and Chief Executive Officer

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 6 / 2 0 0 6

Transaction ID: 13404897

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Matthew Anderson, JD

Mailing Address 2550 University Avenue W.

City State Zip Code  
Saint Paul MN 55114-1052

FEC ID number of contributing federal political committee. **C**

Name of Employer Minnesota Hospital Association  
Occupation Vice Pres, Regulatory/Strategic Affairs

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 13405347

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

295.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. Bruce J. Rueben

Mailing Address 4885 Pheasant Court South

City State Zip Code  
 Afton MN 55001-9415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Minnesota Hospital Associ-  
ation

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 13405348

Amount of Each Receipt this Period

269.50

**B.** Full Name (Last, First, Middle Initial)

Mr. Mark Sonneborn

Mailing Address 2550 University Avenue

City State Zip Code  
 St. Paul MN 55114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Minnesota Hospital Associ-  
ation

Occupation  
Vice President of Information Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 13405349

Amount of Each Receipt this Period

140.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Todd Johnson

Mailing Address P O Box 43

City State Zip Code  
 Minneapolis MN 55440-0043

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allina Hospitals & Clinics

Occupation  
Vice President Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 13405355

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

429.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Dr. Alan L. Goldbloom, M.D.

Mailing Address 2525 Chicago Avenue South

City State Zip Code  
 Minneapolis MN 55404-4518

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Children's Hospitals and  
Clinics of MI

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 13405356

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B.** Mr. Alan Grundei

Mailing Address 1830 Peony Lane North

City State Zip Code  
 Plymouth MN 55447-2654

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Integrated Health Systems-  
Dairyland

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 13405357

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C.** Mr. Daniel McInerney, Jr.

Mailing Address 150 South Fifth Street  
Suite 2300

City State Zip Code  
 Minneapolis MN 55402-4200

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Leonard, Street & Deinard,  
PA

Occupation  
Chair, Health Law Department

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 13405361

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. James F Hanko

Mailing Address 1300 Anne Street NW

City State Zip Code  
Bemidji MN 56601-5103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Country Regional Ho-  
spitalOccupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	6

Transaction ID: 13405363

Amount of Each Receipt this Period

110.90

**B.** Full Name (Last, First, Middle Initial)  
Dr. Gordon L Alexander, M.D.

Mailing Address 2450 Riverside Avenue

City State Zip Code  
Minneapolis MN 55454-1512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Minnesota  
Medical CenterOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	6

Transaction ID: 13405365

Amount of Each Receipt this Period

20.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gregg Redfield

Mailing Address 2550 University Avenue W.  
Suite 350-S

City State Zip Code  
Saint Paul MN 55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Hospital Associ-  
ationOccupation  
Vice President, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	6

Transaction ID: 13405366

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

380.90

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Margaret E Perryman

Mailing Address 200 East University Avenue

City State Zip Code  
 Saint Paul MN 55101-2598

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gillette Children's Special  
Healthcare

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 13405378

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Mr. Mark A Skubic

Mailing Address 6500 Excelsior Boulevard

City State Zip Code  
 Minneapolis MN 55426-4702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Park Nicollet Health Services

Occupation  
Vice President Government Relations and

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 13405382

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Ms. Peggy Westby

Mailing Address 2550 University Avenue W.  
Suite 350-S

City State Zip Code  
 Saint Paul MN 55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Hospital Association

Occupation  
Director, Trustee Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 13405513

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. David Feinwachs

Mailing Address 2550 University Avenue West  
Suite 350-S

City State Zip Code  
Saint Paul MN 55114-1052

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Minnesota Hospital Associ-  
ation

Occupation  
General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 0 6

Transaction ID: 13405516

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Jeffery Hudson

Mailing Address 4950 North Marine Drive

City State Zip Code  
Chicago IL 60640-3966

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MacNeal Hospital

Occupation  
Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

Transaction ID: 13405590

Amount of Each Receipt this Period

100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mark E Moore

Mailing Address 2696 Ciana Ct.

City State Zip Code  
Bloomington IN 47401-8358

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bloomington Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418706

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jeffrey Mossler

Mailing Address 112 North 17th Avenue  
Suite 300

City State Zip Code  
Beech Grove IN 46107-1253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clarian Health Partners

Occupation  
Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418711

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Samuel L Odle

Mailing Address 1701 North Senate Boulevard

City State Zip Code  
Indianapolis IN 46202-1239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clarian Health Partners

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418723

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mike Packnett

Mailing Address 10125 Silver Lake Ct.

City State Zip Code  
Fort Wayne IN 46825-7252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Parkview Hospital

Occupation  
President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418726

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Marvin G Pember

Mailing Address P O Box 1367

City State Zip Code  
 Indianapolis IN 46206-1367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clarian Health

Occupation

Executive Vice President and Chief Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418728

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Linda Roberts

Mailing Address I65 at 21st Street

City State Zip Code  
 Indpls IN 46206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clarian Health

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418745

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Joseph E Roche

Mailing Address 3413 Berkdale Dr.

City State Zip Code  
 Columbus IN 47203-2451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Vincent Jennings Hosp-  
ital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418746

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. William B. Stephan

Mailing Address I-65 at 21st Street

City State Zip Code  
 Indianapolis IN 46202-5250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clarian Health

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418760

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Norman G Tabler, Jr.

Mailing Address P O Box 1367

City State Zip Code  
 Indianapolis IN 46206-1367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clarian Health

Occupation  
Senior Vice President and General Coun

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418768

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Steve Wantz

Mailing Address 7218 Marstella Drive

City State Zip Code  
 Brownsburg IN 46112-8442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clarian Health

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418779

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Linda E White  
Mailing Address 5505 Timberlake Ct.

City State Zip Code  
Evansville IN 47710-4134

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Deaconess Health System

Occupation  
Hospital President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418789

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. James P Alender  
Mailing Address 2601 Greentree Lane

City State Zip Code  
Kokomo IN 46902-2951

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Howard Regional Health System

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418800

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. JoAnn Birdzell  
Mailing Address 12431 Vanburen St.

City State Zip Code  
Crown Point IN 46307-9210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Catherine Hospital,  
Inc.

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418816

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Darcy K. Burthay

Mailing Address 708 Carter Ct.

City State Zip Code  
 Kokomo IN 46901-7026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Joseph Hospital (Koko-  
mo)

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418827

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Barrett Evans

Mailing Address I65 at 21st Street

City State Zip Code  
 Indpls IN 46206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clarian Health

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418862

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Daniel F Evans, Jr.

Mailing Address P O Box 1367

City State Zip Code  
 Indianapolis IN 46206-1367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clarian Health

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418863

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Sam Flanders, M.D.  
Mailing Address I-65 at 21st Street

City State Zip Code  
Indianapolis IN 46202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Clarian Health

Occupation  
Sr. Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418866

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John Gorski  
Mailing Address 10501 Wood Duck Lane

City State Zip Code  
Orland Park IL 60467-8469

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Community Hospital (Munster)

Occupation  
Sr. VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418879

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Richard Graffis, M.D.  
Mailing Address P O Box 1367

City State Zip Code  
Indianapolis IN 46206-1367

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Clarian Health

Occupation  
Executive Vice President and Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418880

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Dr. Steven S. Ivy, Ph.D.

Mailing Address I-65 at 21st Street

City State Zip Code  
 Indianapolis IN 46202-5250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clarian Health

Occupation  
Vice President Values

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 1 5 / 2 0 0 6

Transaction ID: 13418896

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mr. Lawrence Graeber

Mailing Address P O Box 648

City State Zip Code  
 Philadelphia MS 39350-0648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Neshoba County General Ho-  
spital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 1 5 / 2 0 0 6

Transaction ID: 13419085

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)

Mr. David Putt

Mailing Address 2500 North State Street

City State Zip Code  
 Jackson MS 39216-4500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospitals and  
Clinics, Univ

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 1 5 / 2 0 0 6

Transaction ID: 13419086

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

950.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Larry C. Bourne  
Mailing Address 424 Autumn Oak Drive

City State Zip Code  
Madison MS 39110-9148

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HPI Company

Occupation  
President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13419087

Amount of Each Receipt this Period

200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jimmy J. Blessitt  
Mailing Address 121 E. Baker Street

City State Zip Code  
Indianola MS 38751-2498

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
South Sunflower County Ho-  
spital

Occupation  
Administrator & Chief Executive Office

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13419090

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Morris (Chuck) A. Reece  
Mailing Address 1314 19th Avenue

City State Zip Code  
Meridian MS 39301-4116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rush Foundation Hospital

Occupation  
Chief Operations Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13419094

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 149

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Wallace Strickland Mailing Address 1314 19th Avenue City State Zip Code Meridian MS 39301-4116 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Rush Foundation Hospital President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">250.00</div>			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6 <b>Transaction ID: 13419095</b> Amount of Each Receipt this Period <div style="text-align: right;">250.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. James G Chastain, , CHE Mailing Address 2 Oak Circle City State Zip Code Whitfield MS 39193 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Mississippi State Hospital Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">375.00</div>			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6 <b>Transaction ID: 13419096</b> Amount of Each Receipt this Period <div style="text-align: right;">200.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. W. Dale Saulters Mailing Address P.O. Box 967 City State Zip Code Louisville MS 39339-0967 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Winston Medical Center Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">250.00</div>			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6 <b>Transaction ID: 13419097</b> Amount of Each Receipt this Period <div style="text-align: right;">200.00</div>

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Gerald D Wages Mailing Address 830 S. Gloster Street City State Zip Code Tupelo MS 38801-4996 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer North Mississippi Health Services, Inc Occupation Interim President and Chief Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 13419104 Amount of Each Receipt this Period 440.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Lawrence Graeber Mailing Address P O Box 648 City State Zip Code Philadelphia MS 39350-0648 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Neshoba County General Hospital Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 13419109 Amount of Each Receipt this Period 125.00
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Donald Smith Mailing Address 1314 19th Avenue City State Zip Code Meridian MS 39301-4116 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Rush Foundation Hospital Occupation Corporate Director of HR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 13419112 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) .....

815.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. Jerry M Howell

Mailing Address P O Box 630

City State Zip Code  
 Columbia MS 39429-0630

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Marion General Hospital

Occupation  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 5 / 2 0 0 6

Transaction ID: 13419113

Amount of Each Receipt this Period

150.00

**B.** Full Name (Last, First, Middle Initial)

Ms. Debbie Shearer

Mailing Address 6051 U.S. Highway 49

City State Zip Code  
 Hattiesburg MS 39401-7200

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Forrest General Hospital

Occupation  
Director of Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 5 / 2 0 0 6

Transaction ID: 13419115

Amount of Each Receipt this Period

125.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Sam W. Cameron

Mailing Address 28 Waterford Place

City State Zip Code  
 Jackson MS 39211-2945

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mississippi Hospital Association

Occupation  
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 5 / 2 0 0 6

Transaction ID: 13419154

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

875.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. William E Peaks

Mailing Address P O Box 1240

City State Zip Code  
Gulfport MS 39502-1240

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Garden Park Medical Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13419160

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)

Mr. G. Douglas Higginbotham

Mailing Address P O Box 607

City State Zip Code  
Laurel MS 39441-0607

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
South Central Regional Me-  
dical Center

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13419182

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Mr. C. Gerald Cotton

Mailing Address 1225 N. State Street

City State Zip Code  
Jackson MS 39202-2064

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mississippi Baptist Medic-  
al Center

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 0 6

Transaction ID: 13419187

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. William Ferniany

Mailing Address 2500 North State Street

City State Zip Code  
 Jackson MS 39216-4500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospitals and  
Clinics, Univ

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 5 / 2 0 0 6

Transaction ID: 13419188

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Charles L Denton

Mailing Address 960 Avent Drive

City State Zip Code  
 Grenada MS 38901-5230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grenada Lake Medical Cent-  
er

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 5 / 2 0 0 6

Transaction ID: 13419192

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. James T. Kirkpatrick

Mailing Address 73 North Avenue

City State Zip Code  
 Mendon MA 01756-1015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massachusetts Hospital As-  
sociation

Occupation  
VP, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 0 / 2 0 0 6

Transaction ID: 13419626

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Ms. Nancy Palmer

Mailing Address 9 Buttonwood Lane

City State Zip Code  
 Danvers MA 01923-1161

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Beverly Hospital

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 0 / 2 0 0 6

Transaction ID: 13419627

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Ms. Ellen Zane, CHE

Mailing Address 750 Washington Street

City State Zip Code  
 Boston MA 02111-1845

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tufts-New England Medical  
Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 0 / 2 0 0 6

Transaction ID: 13419628

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Steven A. Millard

Mailing Address 615 N. 7th Street

City State Zip Code  
 Eagle ID 83702-5502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Idaho Hospital Association

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 13420122

Amount of Each Receipt this Period

4.00

**SUBTOTAL** of Receipts This Page (optional) .....

504.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Joseph E. Morris, III  
Mailing Address 304 S 11th Street

City State Zip Code  
Coeur D Alene ID 83814-3905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kootenai Medical Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 13420137

Amount of Each Receipt this Period

23.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Craig A Johnson  
Mailing Address 411 Remington Ct.

City State Zip Code  
Sandpoint ID 83864-2323

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Boundary Community Hospital

Occupation  
Chief Executive Officer and Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 13420139

Amount of Each Receipt this Period

23.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jeffrey W Martin  
Mailing Address 700 South Main Street

City State Zip Code  
Moscow ID 83843-3056

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Gritman Medical Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 13420141

Amount of Each Receipt this Period

23.00

**SUBTOTAL** of Receipts This Page (optional) .....

69.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Joseph Messmer

Mailing Address 12380 Landau Way

City State Zip Code  
 Nampa ID 83686-8024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 13420164

Amount of Each Receipt this Period

46.00

Full Name (Last, First, Middle Initial)

B. Ms. Victoria A Alexander

Mailing Address P O Box 700

City State Zip Code  
 Salmon ID 83467-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Steele Memorial Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 13420167

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. Greg Burfitt

Mailing Address 188 Inverness Drive West

City State Zip Code  
 Englewood CO 80112-5205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Centura Health

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 0 / 2 0 0 6

Transaction ID: 13420288

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

596.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Madeleine Roberson

Mailing Address 1719 East 19th Avenue

City State Zip Code  
 Denver CO 80218-1235

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Presbyterian-St. Luke's  
Medical Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 0 / 2 0 0 6

Transaction ID: 13420310

Amount of Each Receipt this Period

125.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jeffrey A. Dorsey

Mailing Address 4643 S. Ulster Street  
Suite 1200

City State Zip Code  
 Denver CO 80237-2853

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HealthONE

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 0 / 2 0 0 6

Transaction ID: 13420311

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Sister Sheila Lyne

Mailing Address 2525 South Michigan Avenue  
Apt 2113

City State Zip Code  
 Chicago IL 60616-2333

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mercy Hospital and Medical  
Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 6 / 2 0 0 6

Transaction ID: 13420366

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Sister Sheila Lyne

Mailing Address 2525 South Michigan Avenue  
Apt 2113

City State Zip Code  
Chicago IL 60616-2333

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mercy Hospital and Medical  
Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 6

Transaction ID: 13420367

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Ms. Monica A. Seeland

Mailing Address 4050 South 35th Street

City State Zip Code  
Lincoln NE 68506-4807

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Nebraska Hospital Associa-  
tion

Occupation  
Director of Clinical Health Informatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 6

Transaction ID: 13420800

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Daniel W. Griess

Mailing Address 744 West 16th Street

City State Zip Code  
Alliance NE 69301-2214

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Box Butte General Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 6

Transaction ID: 13420801

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Ms. Diane Newman

Mailing Address P O Box 599

City State Zip Code  
 Plainview NE 68769-0599

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Johnson County Hospital

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 6

Transaction ID: 13420802

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Mr. Earl N Sheehy

Mailing Address P O Box 185

City State Zip Code  
 Wahoo NE 68066-0185

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Saunders County Health Services

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 6

Transaction ID: 13420803

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Glenn A Fosdick, , FACHE

Mailing Address 987400 Nebraska Medical Center

City State Zip Code  
 Omaha NE 68198-7400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Nebraska Medical Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 1 4 / 2 0 0 6

Transaction ID: 13420804

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael J. Rock  
Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Sr. Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 0 6

Transaction ID: 13420809

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Grace McAuliffe  
Mailing Address 70 Glover Avenue

City State Zip Code  
Quincy MA 02171-2324

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Massachusetts Hospital As-  
sociation

Occupation  
Board of Trustees

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 6

Transaction ID: 13420813

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Charles F. Harms  
Mailing Address 2520 Moonlight Ct.

City State Zip Code  
Cheyenne WY 82009-8572

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United Medical Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 0 6

Transaction ID: 13421086

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Trudy Chittick

Mailing Address 150 East Arapahoe Street

City State Zip Code  
Thermopolis WY 82443-2402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hot Springs County Memorial  
Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 0 6

Transaction ID: 13421087

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Daniel J. Perdue

Mailing Address 2005 Warren Avenue  
Post Office Box 249

City State Zip Code  
Cheyenne WY 82001-3725

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wyoming Hospital Association

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 0 6

Transaction ID: 13421088

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Daniel J. Werner

Mailing Address 801 Middleford Road

City State Zip Code  
Seaford DE 19973-3636

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Nanticoke Memorial Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 0 6

Transaction ID: 13421090

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Carole Fisher  
Mailing Address 8321 Spinraher Cove Drive

City State Zip Code  
Las Vegas NV 89128-7726

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Vegas Valley Rehabilitati-  
on Hospital

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 0 6

Transaction ID: 13421099

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Kay B. Weir, CAVS  
Mailing Address 6728 N.W. Oregon Avenue

City State Zip Code  
Kansas City MO 64151-1940

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Saint Luke's Hospital of  
Kansas City

Occupation  
Coordinator, Volunteer Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 0 / 2 0 0 6

Transaction ID: 13421293

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Stanley R Korducki  
Mailing Address 950 West Wooster Street

City State Zip Code  
Bowling Green OH 43402-2603

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wood County Hospital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

Transaction ID: 13421325

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional) .....

1125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. Kevin Roberts

Mailing Address 5593 High Point

City State Zip Code  
 Solon OH 44139-2086

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rainbow Babies and Child-  
ren's Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 7 / 2 0 0 6

Transaction ID: 13421329

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Mr. Michael A. Szubski

Mailing Address 420 Countryside Drive

City State Zip Code  
 Broadview Heights OH 44147-3413

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EMH Regional Medical Cent-  
er

Occupation  
Executive Vice President & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 7 / 2 0 0 6

Transaction ID: 13421330

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Thomas F Zenty, , III

Mailing Address 19924 Chagrin Blvd.

City State Zip Code  
 Shaker Heights OH 44122-4931

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University Hospitals Heal-  
th System

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 0 7 / 2 0 0 6

Transaction ID: 13421331

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Dr. Archilles A. Demetriou

Mailing Address 26600 George Zeiger Drive

City State Zip Code  
Beachwood OH 44122-7529

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UHHS-Memorial Hospital of  
Geneva

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

Transaction ID: 13421332

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Mr. John E. Callender

Mailing Address 2743 Elginfield Road

City State Zip Code  
Upper Arlington OH 43220-4247

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ohio Hospital Association

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.50

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

Transaction ID: 13421339

Amount of Each Receipt this Period

37.50

Full Name (Last, First, Middle Initial)

**C.** Mr. Paul J. Warda

Mailing Address 1324 Euclid St NW # 404

City State Zip Code  
Washington DC 20009-4836

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MedStar-Georgetown Medical  
Center

Occupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 4 / 2 0 0 6

Transaction ID: 13431475

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

537.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Bill M. Welch		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 3352 Corey Drive		<b>Transaction ID:</b> 13434985
City State Zip Code Reno NV 89509-3931	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Nevada Hospital Association	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Dawn Ahner		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 3696 Boreman Drive		<b>Transaction ID:</b> 13434986
City State Zip Code Reno NV 89511-6010	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Washoe Health System	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Scott Wooten		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 1010 North 96th St, Ste 200		<b>Transaction ID:</b> 13434991
City State Zip Code Omaha NE 68114-2595	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Alegent Health	Occupation Senior Vice President and Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 149

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Patrick Jordan Mailing Address 2014 Washington Street City State Zip Code Newton Lower Falls MA 02462-1699 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Newton-Wellesley Hospital Senior Vice President for Administration Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">500.00</div>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 <b>Transaction ID: 13434994</b> Amount of Each Receipt this Period <div style="text-align: right;">500.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Peter B Davis Mailing Address 172 Kinsley Street City State Zip Code Nashua NH 03060-3648 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation St. Joseph Hospital President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">250.00</div>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 <b>Transaction ID: 13434996</b> Amount of Each Receipt this Period <div style="text-align: right;">250.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Deryl L Jones Mailing Address 10123 SE Market Street City State Zip Code Portland OR 97216-2532 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Adventist Medical Center President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">250.00</div>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 <b>Transaction ID: 13434999</b> Amount of Each Receipt this Period <div style="text-align: right;">250.00</div>

**SUBTOTAL** of Receipts This Page (optional) .....**1000.00****TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Alan R. Yordy  
Mailing Address 3956 Shasta View

City State Zip Code  
Eugene OR 97405-5868

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PeaceHealth

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13435002

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Wendell Hesseltnie  
Mailing Address 1000 Third Street

City State Zip Code  
Tillamook OR 97141-3430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tillamook County General  
Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13435004

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert C Chapman, , FACHE  
Mailing Address 3000 Galleria Tower, Ste 1700

City State Zip Code  
Birmingham AL 35244-2378

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Health System, In-  
c.

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 1 / 2 0 0 6

Transaction ID: 13435014

Amount of Each Receipt this Period

1041.00

**SUBTOTAL** of Receipts This Page (optional) .....

1791.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David E Hoidal

Mailing Address 500 22nd Street South, Ste 408

City State Zip Code  
 Birmingham AL 35233-3110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UAB Health System

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 1 / 2 0 0 6

Transaction ID: 13435015

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Mike Waldrum, M.D.

Mailing Address 619 South 19th Street

City State Zip Code  
 Birmingham AL 35233-6505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Alabama Hos-  
pital

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 1 / 2 0 0 6

Transaction ID: 13435016

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

C. Mr. Clark P Christianson

Mailing Address P O Box 850429

City State Zip Code  
 Mobile AL 36685-0429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence Hospital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 1 / 2 0 0 6

Transaction ID: 13435017

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

2200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. Harold Reed

Mailing Address P O Drawer 710

City State Zip Code  
 Fayette AL 35555-0710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fayette Medical Center

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 1 / 2 0 0 6

Transaction ID: 13435018

Amount of Each Receipt this Period

387.00

**B.** Full Name (Last, First, Middle Initial)

Mr. Donald Henderson

Mailing Address 8213 Marsh Pointe Drive

City State Zip Code  
 Montgomery AL 36117-7432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jackson Hospital and Clin-  
ic

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 1 / 2 0 0 6

Transaction ID: 13435019

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Mark S. Williams

Mailing Address 5314 Mountain Park Circle

City State Zip Code  
 Indian Springs AL 35124-3042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Vincent's Hospital

Occupation  
Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 1 / 2 0 0 6

Transaction ID: 13435020

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

887.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 149

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. Merrill Gappmayer

Mailing Address 1156 S. State  
Suite 202

City	State	Zip Code
Orem	UT	84097-8233

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Intermountain Health Care,  
Inc.Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	0	6

Transaction ID: 13435202

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Dr. Charles W Sorenson, Jr., M.D

Mailing Address 36 South State Street, 22nd Fl

City	State	Zip Code
Salt Lake City	UT	84111-1453

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Intermountain Health Care,  
Inc.Occupation  
Executive Vice President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	0	6

Transaction ID: 13435203

Amount of Each Receipt this Period

125.00

**C.** Full Name (Last, First, Middle Initial)

Dr. A. Lorris Betz, MD

Mailing Address 50 North Medical Drive

City	State	Zip Code
Salt Lake City	UT	84132-0001

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
University of Utah Health  
Care - HospiOccupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	0	6

Transaction ID: 13435211

Amount of Each Receipt this Period

390.00

**SUBTOTAL** of Receipts This Page (optional) .....

765.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. Terry Odom

Mailing Address 504 Elm Street

City State Zip Code  
 Albuquerque NM 87102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heart Hospital of New Mex-  
ico

Occupation  
Vice President Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 13435658

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Mr. Warren Kean Spellman

Mailing Address P O Box DD

City State Zip Code  
 Taos NM 87571-6284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Holy Cross Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 13435668

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)

Mr. J. Alex Valdez, JD

Mailing Address P O Box 2107

City State Zip Code  
 Santa Fe NM 87504-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Vincent Regional Medi-  
cal Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 13435669

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. Brad Copple

Mailing Address P O Box 707

City State Zip Code  
 De Kalb IL 60115-0707

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kishwaukee Community Hosp-  
ital

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436197

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Ms. Michelle Janney

Mailing Address 1828 W. Long Valley Road

City State Zip Code  
 Glenview IL 60025-5042

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northwestern Memorial Hos-  
pital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436200

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Mr. William Kessler

Mailing Address One Saint Anthony's Way

City State Zip Code  
 Alton IL 62002-4568

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Saint Anthony's Health Ce-  
nter

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436202

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Mr. Tony Mitchell

Mailing Address 2025 Windsor Drive

City State Zip Code  
 Oak Brook IL 60523-1586

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Advocate Health Care

Occupation  
VP, Communications & Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436206

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Mr. James M Moore

Mailing Address 800 NE Glen Oak Avenue

City State Zip Code  
 Peoria IL 61603-3255

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OSF Healthcare System

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436207

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)

Mr. Dennis Murphy

Mailing Address 48 Royal Vale Drive

City State Zip Code  
 Oak Brook IL 60523-1643

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northwestern Memorial Hospital

Occupation  
Director, Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436208

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Mark R Neaman  
Mailing Address 1301 Central Street

City State Zip Code  
Evanston IL 60201-1613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Evanston Northwestern Healthcare

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436209

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jesse P. Hall  
Mailing Address 1948 Elmwood Avenue

City State Zip Code  
Wilmette IL 60091-1430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highland Park Hospital

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436214

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John Potter  
Mailing Address 430 Cobblestone Drive

City State Zip Code  
Aurora IL 60506-4416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dreyer Medical Clinic

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436215

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. David A Schertz

Mailing Address 5666 East State Street

City State Zip Code  
Rockford IL 61108-2472

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OSF Saint Anthony Medical  
Center

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436216

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Mr. Darryl L Vandervort

Mailing Address 403 East First Street

City State Zip Code  
Dixon IL 61021-3187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Katherine Shaw Bethea Hos-  
pital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436218

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)

Ms. Terri L. Allen

Mailing Address 1151 East Warrenville Road

City State Zip Code  
Naperville IL 60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation  
Regional Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436225

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Elena Butkus  
Mailing Address 1151 E. Warrenville Road

City State Zip Code  
Naperville IL 60563-9339

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation  
Vice President, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1012.50

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436228

Amount of Each Receipt this Period

625.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mark Deaton  
Mailing Address 740 North Hayes

City State Zip Code  
Oak Park IL 60302-1706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation  
Sr. VP, General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.05

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436233

Amount of Each Receipt this Period

416.70

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nancy DeMarco  
Mailing Address 1151 East Warrenville Road

City State Zip Code  
Naperville IL 60563-9339

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation  
Director of Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1012.50

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436234

Amount of Each Receipt this Period

625.00

**SUBTOTAL** of Receipts This Page (optional) .....

1666.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Lois DeTraglia  
Mailing Address 1151 E. Warrenville Rd.

City State Zip Code  
Naperville IL 60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.44

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436235

Amount of Each Receipt this Period

208.40

**B.** Full Name (Last, First, Middle Initial)  
Mr. Brian Foster  
Mailing Address 1151 E. Warrenville Rd.  
PO Box 3015

City State Zip Code  
Naperville IL 60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.06

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436236

Amount of Each Receipt this Period

416.70

**C.** Full Name (Last, First, Middle Initial)  
Ms. Tamara Lynn Gamrat  
Mailing Address 1911 Hamilton Street

City State Zip Code  
Murphysboro IL 62966-1519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Joseph Memorial Hospi-  
tal

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436237

Amount of Each Receipt this Period

156.30

**SUBTOTAL** of Receipts This Page (optional) .....

781.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Ann C. Guild Mailing Address 1151 E. Warrenville Rd. PO Box 3015 City Naperville State IL Zip Code 60563-9339 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Illinois Hospital Association Occupation Assistant Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 675.05		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6 <b>Transaction ID: 13436594</b> Amount of Each Receipt this Period 416.70
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Ed Holzhauer Mailing Address 1755 Maple Lane City Wheaton State IL Zip Code 60187-3317 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Central DuPage Hospital Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6 <b>Transaction ID: 13436598</b> Amount of Each Receipt this Period 600.00
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Teresa Hursey Mailing Address 1151 East Warrenville Road City Naperville State IL Zip Code 60563-9339 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Illinois Hospital Association Occupation Vice President, Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1012.50		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6 <b>Transaction ID: 13436599</b> Amount of Each Receipt this Period 625.00

**SUBTOTAL** of Receipts This Page (optional) .....

1641.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Susan Kaufman

Mailing Address 1151 E. Warranville Rd.

City State Zip Code  
 Naperville IL 60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation  
Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436601

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

B. Ms. Nichole Magalis

Mailing Address 1151 East Warrenville Road

City State Zip Code  
 Naperville IL 60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation  
Director, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.44

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436603

Amount of Each Receipt this Period

208.40

Full Name (Last, First, Middle Initial)

C. Ms. Patricia Merryweather-Arges

Mailing Address 1151 E. Warrenville Road  
 PO Box 3015

City State Zip Code  
 Naperville IL 60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1012.50

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436604

Amount of Each Receipt this Period

625.00

SUBTOTAL of Receipts This Page (optional) .....

1043.40

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Howard A. Peters, III

Mailing Address 4109 Southwoods Road

City

Springfield

State

IL

Zip Code

62707-6070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1012.50

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436607

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

B. Mr. John J. Raleigh

Mailing Address 1141 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-1493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436609

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

C. Mr. Kenneth C. Robbins

Mailing Address 1531 Maria Court

City

Wheaton

State

IL

Zip Code

60187-3777

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1012.50

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13436612

Amount of Each Receipt this Period

625.00

SUBTOTAL of Receipts This Page (optional) .....

1875.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Rann Folsom  
Mailing Address 2281 US Highway 41 S

City State Zip Code  
Cordele GA 31015-7501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Crisp Regional Hospital

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13442591

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kirk Wilson  
Mailing Address 3010 Woodvale Ct

City State Zip Code  
Alpharetta GA 30022-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Joseph's Hospital  
of Atlanta

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13442621

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Filiung  
Mailing Address 1013 59th Street

City State Zip Code  
Lisle IL 60532-3122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Hospital Associa-  
tion

Occupation  
Director, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.44

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 6

Transaction ID: 13481259

Amount of Each Receipt this Period

208.40

**SUBTOTAL** of Receipts This Page (optional) .....

708.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Holbrook & Osborn, PA		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 7400 West 110th Street, Suite 600		<b>Transaction ID:</b> 13505187
City State Zip Code Overland Park KS 66210-2360	Amount of Each Receipt this Period 0.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Holbrook & Osborn, P.A.	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	
		<b>[MEMO ITEM]</b> Refund(s) on Schedule B Totalling \$500.00 This changes the YTD Total to \$0.-00

<b>B.</b> Full Name (Last, First, Middle Initial) Katie Vaughan		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 506 A East Howell Avenue		<b>Transaction ID:</b> PR1034595118007
City State Zip Code Alexandria VA 22301	Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C		
Name of Employer American Hospital Association-Washingt	Occupation Associate Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	
		P/R Deduction (\$20.00 Bi-Weekly)

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 325 Seventh Street, NW Suite 700		<b>Transaction ID:</b> PR1045726218007
City State Zip Code Washington DC 20004-2818	Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. C		
Name of Employer American Hospital Association-Washingt	Occupation VP & Chief Washington Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	
		P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Ms. Barbara Jellen

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Section Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1113464218007

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-  
Weekly)

**B.** Full Name (Last, First, Middle Initial)

Ms. Sohini Jindal

Mailing Address 325 Seventh Street, NW

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1125613618007

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.** Full Name (Last, First, Middle Initial)

Ms. Mary Meadows

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Organization of  
Nurse Executi

Occupation  
Director of Professional Practice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1260472918007

Amount of Each Receipt this Period

41.67

P/R Deduction (\$13.89 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

131.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Lindsay Mac Robinson

Mailing Address 107 East Lane

City State Zip Code  
 Lake Barrington IL 60010-1939

FEC ID number of contributing federal political committee.

C

Name of Employer  
American Hospital Association-ChicagoOccupation  
Vice President, PMGs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 . . / . . / . . . . .

Transaction ID: PR327727318007

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)

Ms. Deborah F. Weiner

Mailing Address 11004 Petersborough

City State Zip Code  
 Rockville MD 20852-3249

FEC ID number of contributing federal political committee.

C

Name of Employer  
American Hospital Association-WashingtOccupation  
Director, Grassroots Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 . . / . . / . . . . .

Transaction ID: PR327745918007

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)

Ms. Suzanne R. Sonik

Mailing Address One North Franklin

City State Zip Code  
 Chicago IL 60606-3436

FEC ID number of contributing federal political committee.

C

Name of Employer  
American Hospital Association-ChicagoOccupation  
Director, Long-Term Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 . . / . . / . . . . .

Transaction ID: PR327777218007

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

270.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Debra J. Stock  
Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Chicago

Occupation  
Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327777818007

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Neil J. Jesuele  
Mailing Address 1003 Kimberly Place

City State Zip Code  
Great Falls VA 22066-1546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Washingt

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327801718007

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Ms. Pamela Austin Thompson, RN, MSN  
Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Organization of  
Nurse Executi

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327812018007

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW  
Apt. 1008

City State Zip Code  
Washington DC 20008-2614

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Director, Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR327851918007

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Executive Director, AHAPAC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR327858018007

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code  
Millis MA 60606-3436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.84

Date of Receipt

M M / D D / Y Y Y Y Y

**Transaction ID:** PR327877818007

Amount of Each Receipt this Period

124.98

P/R Deduction (\$41.66 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

304.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Richard J. Davidson

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327942118007

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-  
Weekly)

B. Full Name (Last, First, Middle Initial)

Mr. James Henderson

Mailing Address One North Franklin Street

City State Zip Code  
Chicago IL 60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
VP, Corporate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328094118007

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-  
Weekly)

C. Full Name (Last, First, Middle Initial)

Ms. Barbara Lorschbach

Mailing Address 204 South 7th Avenue

City State Zip Code  
La Grange IL 60525-6406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328136918007

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

270.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian Mailing Address 5545 N. Wayne City Chicago State IL Zip Code 60640-1318 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Hospital Association-Chicago Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR328223818007 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Bi-Weekly)
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Calbreith L. Simpson Mailing Address 325 Seventh Street, NW Suite 700 City Washington State DC Zip Code 20004-2818 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Hospital Association-Washingt Occupation Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 960.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR328224818007 Amount of Each Receipt this Period 120.00 P/R Deduction (\$40.00 Bi-Weekly)
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D. Mailing Address 13106 Vingle Lane City Silver Spring State MD Zip Code 20906 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Hospital Association-Washingt Occupation Sr. Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 960.00		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR328224918007 Amount of Each Receipt this Period 120.00 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Ronald O. Purcell  
Mailing Address 1093 N. Faldo Way

City State Zip Code  
Eagle ID 83616-5369

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.48

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328241418007

Amount of Each Receipt this Period

83.34

P/R Deduction (\$27.78 Bi-  
Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard J. Pollack  
Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1920.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328260918007

Amount of Each Receipt this Period

240.00

P/R Deduction (\$80.00 Bi-  
Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard H. Wade  
Mailing Address 1221 Cavalier Road

City State Zip Code  
Arnold MD 21012-2126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Sr. Vice President, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328310418007

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

443.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 149  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Stephen M. Ahnen

Mailing Address 1001 N. Potomac St.

City State Zip Code  
 Arlington VA 22205-1629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328312718007

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-  
Weekly)

B. Full Name (Last, First, Middle Initial)

Ms. Lori M. Schor

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
 Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Director, Political Action & Grassroot

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328341818007

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-  
Weekly)

C. Full Name (Last, First, Middle Initial)

Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City State Zip Code  
 Yardley PA 19067-5736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.40

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328511818007

Amount of Each Receipt this Period

142.80

P/R Deduction (\$47.60 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

382.80

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell Mailing Address 909 N. Madison St. City Arlington State VA Zip Code 22205-1655 FEC ID number of contributing federal political committee. <b>C</b>			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR328512018007 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Association-Washingt Occupation Vice President, Media Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00			
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey Mailing Address AHA One North Franklin Street City Chicago State IL Zip Code 60606 FEC ID number of contributing federal political committee. <b>C</b>			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR329013418007 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Hospital Association-Chicago Occupation Director, Psychiatric and Substance Ab Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00			
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD Mailing Address 1905 Christopher Place City Harrisburg State PA Zip Code 17110-3573 FEC ID number of contributing federal political committee. <b>C</b>			Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR329071318007 Amount of Each Receipt this Period 180.00 P/R Deduction (\$60.00 Bi-Weekly)
Name of Employer American Hospital Association Occupation President, Center for Healthcare Gover Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00			

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City State Zip Code  
Nashville TN 37210-4634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Chicago

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329215718007

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. John Evans

Mailing Address One North Franklin Street

City State Zip Code  
Chicago IL 60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Chicago

Occupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329342618007

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Audrey L. Harris

Mailing Address 1136 W. Farwel  
Unit 1W

City State Zip Code  
Chicago IL 60626-3861

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Association-Chicago

Occupation  
Executive Director, ASDVS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329654218007

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

180.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Tama Mattocks

Mailing Address 325 Seventh Street, NW  
Liberty Place, Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330273418007

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Patricia Meersman

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Executive Services Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330343318007

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-  
Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City State Zip Code  
Apple Valley MN 55124-9229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330475418007

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 116 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)

Ms. Jennifer E. Mallard

Mailing Address 6109 North 9th Road

City State Zip Code  
Arlington VA 22205-1609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Sr. Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330534318007

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.** Full Name (Last, First, Middle Initial)

Mr. Gene O'Dell

Mailing Address 530 North Lakeshore Drive  
Unit 2303

City State Zip Code  
Chicago IL 60611-7424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330547718007

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.** Full Name (Last, First, Middle Initial)

Ms. Eileen O'Keefe

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330549218007

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Walter J. Reiter

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
V.P., Advocacy & Member Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.54

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330776118007

Amount of Each Receipt this Period

65.22

P/R Deduction (\$21.74 Bi-  
Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Darlene S. Vanderbush

Mailing Address 2303 Burke Avenue

City State Zip Code  
Alexandria VA 22301-1101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Dir., Advocacy & Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331304218007

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-  
Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Ms. Jo Ann Webb

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Organization of  
Nurse Executi

Occupation  
Director, Federal Relations & Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.65

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331379118007

Amount of Each Receipt this Period

44.13

P/R Deduction (\$14.71 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

139.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Judy Weinsheimer

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331386918007

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-  
Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Alexander R. White, Jr.

Mailing Address PO Box 15587

City State Zip Code  
Austin TX 78761-5587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion

Occupation  
AHA Regional Executive for TX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.84

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331416018007

Amount of Each Receipt this Period

124.98

P/R Deduction (\$41.66 Bi-  
Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Donald May

Mailing Address 521 Great Falls Street

City State Zip Code  
Falls Church VA 22046-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Vice President, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331533218007

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

274.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Elizabeth Summy

Mailing Address One North Franklin

City State Zip Code  
 Chicago IL 60606-3436

FEC ID number of contributing federal political committee.

C

Name of Employer  
American Hospital Association-ChicagoOccupation  
Executive Director, ASHRM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.84

Date of Receipt

M M / D D / Y Y Y Y Y  
 . . / . . / . . . . .

Transaction ID: PR346168118007

Amount of Each Receipt this Period

31.23

P/R Deduction (\$10.41 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)

Ms. Kristin Welsh

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
 Washington DC 20004-2818

FEC ID number of contributing federal political committee.

C

Name of Employer  
American Hospital Association-WashingtOccupation  
Sr. Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 . . / . . / . . . . .

Transaction ID: PR517619718007

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)

Ms. Rochelle M. Archuleta

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
 Washington DC 20004-2818

FEC ID number of contributing federal political committee.

C

Name of Employer  
American Hospital Association-WashingtOccupation  
Senior Associate Dir. Policy Developme

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 . . / . . / . . . . .

Transaction ID: PR801366318007

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

121.23

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Lisa Kidder

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR876637218007

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-  
Weekly)

B. Full Name (Last, First, Middle Initial)

Ms. Sheila R. Meadows

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR936292318007

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-  
Weekly)

C. Full Name (Last, First, Middle Initial)

Mr. David A. Strickland

Mailing Address One N. Franklin Street

City State Zip Code  
Chicago IL 60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Organization of  
Nurse Executi

Occupation  
Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR939603918007

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

90.00

TOTAL This Period (last page this line number only) .....

98639.85



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

SRH Media

Mailing Address 2204 Countryside Drive

City

Silver Spring

State

MD

Zip Code

20905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

29000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 6

Transaction ID: 13420500

Amount of Each Receipt this Period

29000.00

Refund of H. Wilson IE cancelled

**SUBTOTAL** of Receipts This Page (optional) .....

29000.00

**TOTAL** This Period (last page this line number only) .....

29000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3449.49

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 13436190

Amount of Each Receipt this Period

378.77

Bank Interest

**SUBTOTAL** of Receipts This Page (optional) .....

378.77

**TOTAL** This Period (last page this line number only) .....

378.77

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

## **A. Newtek Merchant Services**

Mailing Address 462 Seventh Avenue  
14th Floor

City New York State NY Zip Code 10018

Purpose of Disbursement

Bank Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13436241

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

225.00

Bank Fee

Full Name (Last, First, Middle Initial)

## **B. SRH Media**

Mailing Address 2204 Countryside Drive

City Silver Spring State MD Zip Code 20905

Purpose of Disbursement

Independent Expenditure cancelled, see li

Candidate Name

004  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13357931

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

29000.00

Independent Expenditure cancelled, see line 15.

Full Name (Last, First, Middle Initial)

## **C. Merchant Bankcard**

Mailing Address 1601 Elm Street

City Dallas State TX Zip Code 75201

Purpose of Disbursement

Bank Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13443190

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

80.03

Bank Fee

**SUBTOTAL** of Disbursements This Page (optional) .....

29305.03

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 124 / 149

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

## **A. American Express**

Mailing Address Ste. 001

City  
Chicago

State  
IL

Zip Code  
60679

Purpose of Disbursement  
Bank Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13443194

Date of Disbursement

11 / 06 / 2006

Amount of Each Disbursement this Period

7.75

Bank Fee

Full Name (Last, First, Middle Initial)

## **B. Merchant Bankcard**

Mailing Address 1601 Elm Street

City  
Dallas

State  
TX

Zip Code  
75201

Purpose of Disbursement  
Bank Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13443191

Date of Disbursement

11 / 06 / 2006

Amount of Each Disbursement this Period

98.02

Bank Fee

Full Name (Last, First, Middle Initial)

## **C. Citibank, F.S.B.**

Mailing Address 1400 G Street, NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Bank Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13443192

Date of Disbursement

11 / 20 / 2006

Amount of Each Disbursement this Period

78.02

Bank Fee

**SUBTOTAL** of Disbursements This Page (optional) .....

183.79

**TOTAL** This Period (last page this line number only) .....

29488.82

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

## **A. McCrery For Congress Committee**

Mailing Address Post Office Box 52956  
333 Texas Street Suite 1900

City Shreveport State LA Zip Code 71135

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Jim McCrery

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District: 4

Transaction ID: 13373666

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. Castle Campaign Fund**

Mailing Address P.O Box 133

City Wilmington State DE Zip Code 19899

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Michael N. Castle

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: DE District: 1

Transaction ID: 13373665

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. National Leadership PAC**

Mailing Address 635 B Pennsylvania Ave.

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2006 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 13373660

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

3000.00

2006 Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Porter For Congress

Mailing Address PO Box 26087

City  
Las Vegas

State  
NV

Zip Code  
89126

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Jon C. Porter

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NV District: 3

Transaction ID: 13373662

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** New Democrat Coalition Political Action Committee

Mailing Address 607 14th Street NW Suite 800

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
2006 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 13373655

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

5000.00

2006 Contribution

Full Name (Last, First, Middle Initial)

**C.** Norwood For Congress

Mailing Address PO Box 499

City  
Evans

State  
GA

Zip Code  
30809

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Charles W. Norwood

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 9

Transaction ID: 13374819

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

12000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. McNulty For Congress**

Mailing Address P.O. Box 1560

City State Zip Code  
Green Island NY 12183

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Michael R. McNulty

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 21

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13373673

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Goode For Congress**

Mailing Address 235 South Main Street

City State Zip Code  
Rocky Mount VA 24151

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Virgil H. Goode, Jr.

Office Sought: ☒ House  
☐ Senate  
☐ President

State: VA District: 5

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13375865

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Re-Elect Brian Bilbray For Congress**

Mailing Address 1307 9th St

City State Zip Code  
Imperial Beach CA 91932

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Brian P. Bilbray

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 49

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13373689

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

5000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Bob Filner For Congress

Mailing Address P.O. Box 127868

City  
San Diego

State  
CA

Zip Code  
92112

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Bob Filner

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 51

Transaction ID: 13373676

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Bob Goodlatte For Congress Committee

Mailing Address P.O. Box 292

City  
Roanoke

State  
VA

Zip Code  
24002

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Robert W. Goodlatte

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 6

Transaction ID: 13375867

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Tim Bishop For Congress

Mailing Address PO Box 437

City  
Farmingville

State  
NY

Zip Code  
11738

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Timothy Bishop

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 1

Transaction ID: 13373691

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Friends Of Jim Marshall

Mailing Address PO Box 125

City  
Macon

State  
GA

Zip Code  
31201

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Jim Marshall

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 3

Transaction ID: 13373791

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Friends Of John Barrow

Mailing Address PO Box 8166

City  
Savannah

State  
GA

Zip Code  
31412

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John Barrow

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 12

Transaction ID: 13373693

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Louise Slaughter Re-Election Committee

Mailing Address P.O. Box 730  
C/O C. Bruce Lawrence

City  
Honeoye

State  
NY

Zip Code  
14471

Purpose of Disbursement  
Void of 8/06 check

Candidate Name  
Rep. Louise McIntosh Slaughter

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 28

Transaction ID: 13364083

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

-2000.00

Void of 8/06 check

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Louise Slaughter Re-Election Committee

Mailing Address P.O. Box 730  
C/O C. Bruce Lawrence

City Honeoye State NY Zip Code 14471

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Louise McIntosh Slaughter

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: NY District: 28

Transaction ID: 13376116

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Mark Udall For Congress Inc.

Mailing Address 8690 Wolff Court #200

City Westminster State CO Zip Code 80031

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Mark Udall

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: CO District: 2

Transaction ID: 13376129

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Larson For Congress

Mailing Address 29 Ruff Circle

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John B. Larson

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General ☐ Other (specify) ▼

State: CT District: 1

Transaction ID: 13376122

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Inslee For Congress

Mailing Address PO Box 33027

City  
Seattle

State  
WA

Zip Code  
98133

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Jay Inslee

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA District: 1

Transaction ID: 13376118

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Friends Of Doc Hastings

Mailing Address PO Box 2926

City  
Pasco

State  
WA

Zip Code  
99302

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Richard Hastings

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA District: 4

Transaction ID: 13376127

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Sue Kelly For Congress

Mailing Address PO Box 599

City  
Katonah

State  
NY

Zip Code  
10536

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Sue W. Kelly

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: 13376113

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

4000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Dutch Ruppersberger For Congress**

Mailing Address 22 West Padonia Road Suite C-141

City Timonium State MD Zip Code 21093

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. C.A. Dutch Ruppersberger

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MD District: 2

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13376106

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Cole For Congress**

Mailing Address P.O. Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Thomas Cole

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OK District: 4

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13376102

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Cathy McMorris For Congress**

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Cathy McMorris

Office Sought: ☒ House  
☐ Senate  
☐ President

State: WA District: 5

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13376125

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

## **A. Grant For Congress**

Mailing Address P O Box 489

City Fruitland State ID Zip Code 83619

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Larry Grant

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ID District: 1

Transaction ID: 13384659

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. Inslee For Congress**

Mailing Address PO Box 33027

City Seattle State WA Zip Code 98133

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Jay Inslee

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA District: 1

Transaction ID: 13376075

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Westmoreland For Congress**

Mailing Address P.O. Box 458

City Sharpsburg State GA Zip Code 30277

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Lynn A. Westmoreland

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 8

Transaction ID: 13376078

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

9000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Cathy McMorris For Congress**

Mailing Address Box 137

City  
Spokane

State  
WA

Zip Code  
99210

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Cathy McMorris

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA District: 5

**Transaction ID: 13375897**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Nancy Boyda For Congress**

Mailing Address 510 Sw 10th Street

City  
Topeka

State  
KS

Zip Code  
66612

Purpose of Disbursement  
Contribution

Candidate Name  
Nancy Boyda

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KS District: 2

**Transaction ID: 13399047**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Peter Hoekstra For Congress**

Mailing Address 1454 Cimarron Drive

City  
Holland

State  
MI

Zip Code  
49423

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Peter Hoekstra

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 2

**Transaction ID: 13393805**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Charlie Melancon Campaign Committee Inc

Mailing Address 511 Congress St  
PO Box 549

City Napoleonville State LA Zip Code 70390

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Charles Melancon

Office Sought: ☒ House  
☐ Senate  
☐ President

State: LA District: 3

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13393792

Date of Disbursement

10 / 27 / 2006

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Van Hollen For Congress

Mailing Address 10537 St. Paul Street

City Kensington State MD Zip Code 20895

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Chris Van Hollen

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MD District: 8

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13395445

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Committee To Elect Artur Davis To Congress

Mailing Address Post Office Box 1845

City Birmingham State AL Zip Code 35201

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Artur Davis

Office Sought: ☒ House  
☐ Senate  
☐ President

State: AL District: 7

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13395500

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

2500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

9000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Louie Gohmert For Congress Committee**

Mailing Address PO Box 8060

City  
TylerState  
TXZip Code  
75711Purpose of Disbursement  
ContributionCandidate Name  
Rep. Louie Gohmert011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 1

Transaction ID: 13395466

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	6

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Hal Rogers For Congress**Mailing Address P.O. Box 1214  
East Mt Vernon StCity  
SomersetState  
KYZip Code  
42502Purpose of Disbursement  
Void of 9/06 checkCandidate Name  
Rep. Harold Rogers011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 5

Transaction ID: 13398444

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	6

Amount of Each Disbursement this Period

-1000.00

Void of 9/06 check

Full Name (Last, First, Middle Initial)

**C. Upton For All Of Us**

Mailing Address P.O. Box 490

City  
St. JosephState  
MIZip Code  
49085Purpose of Disbursement  
ContributionCandidate Name  
Rep. Fred Upton011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 6

Transaction ID: 13398442

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	6

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mike Thompson For Congress**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Michael Thompson

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 1

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13398443

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Bob Etheridge For Congress Committee**

Mailing Address Post Office Box 28001

City Raleigh State NC Zip Code 27611

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Bob Etheridge

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NC District: 2

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13398437

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Blumenauer For Congress**

Mailing Address 830 Ne Holladay Suite 105

City Portland State OR Zip Code 97232

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Earl Blumenauer

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OR District: 3

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13398441

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Friends Of Phil Hare

Mailing Address 313 17th Street  
P.O. Box 4183

City State Zip Code  
Rock Island IL 61202

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Philip Hare

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IL District: 17

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13398438

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Price For Congress Committee

Mailing Address P. O. Box 1986

City State Zip Code  
Raleigh NC 27602

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. David E. Price

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NC District: 4

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13399007

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Markey Committee, The

Mailing Address P.O. Box 526

City State Zip Code  
Medford MA 02155

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Edward J. Markey

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MA District: 7

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13399616

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 139 / 149

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Tierney For Congress

Mailing Address 49 Federal Street

City Salem State MA Zip Code 01970

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John F. Tierney

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District: 6

Transaction ID: 13399653

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Citizens For John Olver For Congress

Mailing Address P.O. Box 819  
 PO Box 819

City Amherst State MA Zip Code 01004

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John W. Olver

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District: 1

Transaction ID: 13399619

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Re-Elect McGovern Committee

Mailing Address PO Box 60405

City Worcester State MA Zip Code 01606

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. James P. McGovern

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District: 3

Transaction ID: 13399618

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

## **A. Delahunt For Congress Committee**

Mailing Address 332 Victory Road

City Quincy State MA Zip Code 02171

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. William D. Delahunt

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MA District: 10

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13399652

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. Kind For Congress Committee**

Mailing Address 205 South 5th Ave  
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Ron Kind

Office Sought: ☒ House  
☐ Senate  
☐ President

State: WI District: 3

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13399005

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Barney Frank For Congress Committee**

Mailing Address PO Box 260

City Newtonville State MA Zip Code 02460

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Barney Frank

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MA District: 4

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 13399615

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Bass Victory Committee**

Mailing Address PO Box 3451

City  
Concord

State  
NH

Zip Code  
03302

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Charles F. Bass

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 2

Transaction ID: 13398979

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Stephen F. Lynch For Congress Committee**

Mailing Address 105 Farragut Road

City  
South Boston

State  
MA

Zip Code  
02127

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Stephen F. Lynch

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District: 9

Transaction ID: 13491302

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Scott Garrett For Congress**

Mailing Address P.O. Box 905

City  
Newton

State  
NJ

Zip Code  
07860

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Scott Garrett

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 5

Transaction ID: 13399011

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Jim Costa For CongressMailing Address 2037 W Bullard Avenue  
# 355

City Fresno State CA Zip Code 93711

Purpose of Disbursement  
ContributionCandidate Name  
Rep. James CostaOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 20

Transaction ID: 13399555

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	0	6

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Friends Of Dick Durbin Committee

Mailing Address PO Box 1949

City Springfield State IL Zip Code 62705

Purpose of Disbursement  
2008 ContributionCandidate Name  
Sen. Richard J. DurbinOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 1

Transaction ID: 13420326

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	0	6

Amount of Each Disbursement this Period

500.00

2008 Contribution

Full Name (Last, First, Middle Initial)

**C.** Friends Of Dick Durbin Committee

Mailing Address PO Box 1949

City Springfield State IL Zip Code 62705

Purpose of Disbursement  
2008 ContributionCandidate Name  
Sen. Richard J. DurbinOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 1

Transaction ID: 13420328

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	0	6

Amount of Each Disbursement this Period

500.00

2008 Contribution

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Citizens For Altmire

Mailing Address PO Box 1776

City  
Freedom

State  
PA

Zip Code  
15042

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Jason Altmire

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: PA District: 4

2006 General Debt Re

Transaction ID: 13420329

Date of Disbursement

11 / 15 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Glacier PAC

Mailing Address 818 Connecticut Ave., NW  
Suite 1100

City  
Washington

State  
DC

Zip Code  
20006

Purpose of Disbursement  
2006 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 13444108

Date of Disbursement

11 / 17 / 2006

Amount of Each Disbursement this Period

5000.00

2006 Contribution

Full Name (Last, First, Middle Initial)

**C.** Weldon Victory Committee

Mailing Address P. O. Box 1992

City  
Media

State  
PA

Zip Code  
19063

Purpose of Disbursement  
Void of 10/06 check

Candidate Name  
Rep. Curt Weldon

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 7

Transaction ID: 13437178

Date of Disbursement

11 / 27 / 2006

Amount of Each Disbursement this Period

-4500.00

Void of 10/06 check

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

111000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Holbrook & Osborn, PA

Mailing Address 7400 West 110th Street, Suite 600

City  
Overland Park

State  
KS

Zip Code  
66210-2360

Purpose of Disbursement  
Refund of 9/5/2006 Contribution

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 13480193

Date of Disbursement

MM / DD / YYYY  
10 / 20 / 2006

Amount of Each Disbursement this Period

500.00

Refund of 9/5/2006 Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

500.00



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Hospital Association PAC		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00106146	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Multi Media Services Corporation		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 915 King Street 2nd Floor		Amount 55000.00	
City State Zip Code Alexandria VA 22314		Transaction ID: 13357930	
Purpose of Expenditure Radio Advertising & Production		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Deborah Pryce		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		55000.00	
Full Name (Last, First, Middle, Initial) of Payee Mac Williams Robinson & Partners Inc.		Date M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 1600 L Street, NW, Suite 301		Amount 23383.33	
City State Zip Code Washington DC 20036		Transaction ID: 13399043	
Purpose of Expenditure Radio Advertising & Production		Office Sought: <input checked="" type="checkbox"/> House State: IA <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Leonard L. Boswell		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		23383.33	
(a) SUBTOTAL of Itemized Independent Expenditures .....		78383.33	
(b) SUBTOTAL of Unitemized Independent Expenditures .....		0.00	
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Melinda Hatton Signature		Date M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Hospital Association PAC		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00106146	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mac Williams Robinson & Partners Inc.		Date M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 1600 L Street, NW, Suite 301		Amount 31883.33	
City Washington State DC Zip Code 20036		<b>Transaction ID:</b> 13399044	
Purpose of Expenditure Radio Advertising & Production		Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 5 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. John M. Spratt, Jr.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 31883.33			
Full Name (Last, First, Middle, Initial) of Payee Mac Williams Robinson & Partners Inc.		Date M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 1600 L Street, NW, Suite 301		Amount 49257.34	
City Washington State DC Zip Code 20036		<b>Transaction ID:</b> 13399045	
Purpose of Expenditure Radio Advertising & Production		Office Sought: <input type="checkbox"/> House State: MD <input checked="" type="checkbox"/> Senate District: 2 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mr. Benjamin Cardin		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 49257.34			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		81140.67	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		0.00	
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Melinda Hatton Signature		Date M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Hospital Association PAC		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00106146	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Multi Media Services Corporation		Date MM / DD / YYYY 10 / 31 / 2006	
Mailing Address 915 King Street 2nd Floor		Amount 8000.00	
City State Zip Code Alexandria VA 22314		Transaction ID: 13399041	
Purpose of Expenditure Radio Advertising		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Deborah Pryce		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 63000.00			
Full Name (Last, First, Middle, Initial) of Payee Upgrade Films		Date MM / DD / YYYY 10 / 31 / 2006	
Mailing Address 1023 31st ST. NW		Amount 2992.62	
City State Zip Code Washington DC 20007		Transaction ID: 13401760	
Purpose of Expenditure Radio Production		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 1 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Rick Renzi		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2992.62			
(a) SUBTOTAL of Itemized Independent Expenditures .....		10992.62	
(b) SUBTOTAL of Unitemized Independent Expenditures .....		0.00	
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Melinda Hatton Signature		Date MM / DD / YYYY 12 / 07 / 2006	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Hospital Association PAC		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00106146	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Upgrade Films		Date MM / DD / YYYY 10 / 31 / 2006	
Mailing Address 1023 31st ST. NW		Amount 2992.63	
City State Zip Code Washington DC 20007		Transaction ID: 13401762	
Purpose of Expenditure Radio Production		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 25 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. James T. Walsh		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 48632.63			
Full Name (Last, First, Middle, Initial) of Payee Voter Strategies		Date MM / DD / YYYY 10 / 31 / 2006	
Mailing Address 78-710 Avenida Nuestra		Amount 13245.00	
City State Zip Code LaQuinta CA 92253		Transaction ID: 13401756	
Purpose of Expenditure Radio Advertising		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 1 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Rick Renzi		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 13245.00			
(a) SUBTOTAL of Itemized Independent Expenditures .....		16237.63	
(b) SUBTOTAL of Unitemized Independent Expenditures .....		0.00	
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Melinda Hatton Signature		Date MM / DD / YYYY 12 / 07 / 2006	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Hospital Association PAC			<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00106146</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee Voter Strategies			Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 3 1</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>	
Mailing Address 78-710 Avendia Nuestra			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">45640.00</div>	
City LaQuinta			<b>Transaction ID:</b> 13401757	
State CA			Office Sought: <input checked="" type="checkbox"/> House State: <u>NY</u>	
Zip Code 92253			<input type="checkbox"/> Senate District: <u>25</u>	
Purpose of Expenditure Radio Advertising			<input type="checkbox"/> Presidential	
Category/ Type			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
004			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006	
Name of Federal Candidate supported or Opposed by expenditure: Rep. James T. Walsh			<input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">45640.00</div>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">45640.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(c) <b>TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">232394.25</div>
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>	
Ms. Melinda Hatton _____ Signature	Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 2</div> <div><small>D D</small> 0 7</div> <div><small>Y Y Y Y</small> 2 0 0 6</div> </div>